



## **ATTACHMENT 12**

### **Washington State Dangerous Waste Permit For Corrective Action: Property Transfer Form**

#### **Form Submittal**

Contact the Ecology office that will process the modification request to find out how many copies to submit. To learn where to send the form, contact the office serving the county in which your facility is located. Ask for the Hazardous Waste Section. One copy of the application must have original signatures for the certification statements. Regional offices and the counties they serve are:

##### **Central Regional Office**

15 West Yakima Avenue  
Yakima, WA 98902-3387  
(509) 575-2490

*Benton, Chelan, Douglas, Kittitas, Klickitat, Okanogan, and Yakima*

##### **Eastern Regional Office**

North 4601 Monroe Street  
Spokane, WA 99205-1295  
(509) 456-2926

*Adams, Asotin, Columbia, Ferry, Franklin, Garfield, Grant, Lincoln, Pend Oreille, Spokane, Stevens, Walla Walla, Whitman*

##### **Northwest Regional Office**

3190 160th Avenue S.E.  
Bellevue, WA 98008-5452  
(425) 649-7000

*Island, King, Kitsap, San Juan, Snohomish, Skagit, Whatcom*

##### **Southwest Regional Office**

300 Desmond Drive P.O. Box 47775  
Olympia, WA 98504-7775  
(360) 407-6300

*Clallam, Clark, Cowlitz, Grays Harbor, Jefferson, Lewis, Mason, Pacific, Pierce, Skamania, Thurston, Wahkiakum*

For TTY calls, contact Ecology via the Washington State Relay Service at 711 or 1-800-833-6388.

#### **Completing the Property Transfer Form**

Please type or print in the unshaded areas using dark ink. For some information, the form provides cells or boxes for each character in the response. When typing, space between characters, so that each character is in a box. You may need to use additional sheets to provide

the required information (e.g., photos, drawings). On each sheet, clearly indicate the number of the item for which you are providing information.

Unless otherwise specified in these instructions, each item must be answered. If a particular item does not fit the circumstances or characteristics of your facility or activity, enter "NA" for "not applicable." If more space is necessary to answer a question, attach a separate sheet entitled "Additional Information."

If a Property Transfer Form is incomplete, Ecology's decision on the facility's modification request will be delayed while the department requests and receives a revised form for review.

#### **Line-by-Line Instructions for Completing Property Transfer Form**

##### **Section I: Purpose of Submittal**

Enter an "X" in the appropriate box.

##### **Section II: EPA/State Identification Number**

##### **Section III: Name of Facility**

Enter the facility's official or legal name. Avoid using an informal name.

##### **Section IV: Facility Location**

**A. Address.** Enter the address or location of the facility identified in Section III of this form. *Please note that the address must be a physical address, not a post office box or route number.* If the facility lacks a street name, give the most accurate alternative geographic information (e.g., provide the section number or quarter section number from county records or a brief description such as "at intersection of Rts. 425 and 22"). Provide the county's name and, if known, the county's code.

**B. Land type.** Using the following codes, indicate the code that *best describes* the current legal status of the land on which the facility is located.

F = Federal	C = County
S = State	M = Municipal*
I = Indian	D = District
P = Private	O = Other

\*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

**C. Geographic Location:** Enter the latitude and longitude of the facility in degrees, minutes, and seconds. For larger facilities, enter the latitude and longitude at the approximate mid-point of the facility. You may use the map provided for Item XII to determine latitude and longitude.

**D. Facility Existence Date.** Enter the appropriate date that applies to your facility. This will be the earliest of the following:

1. The date the facility was first regulated as a hazardous waste (or dangerous waste) management facility because new state or federal regulations caused a waste to be newly regulated as hazardous waste (or dangerous waste).
2. The date a "final status" – or Part B – permit was issued and in effect.

### **Section V: Facility Mailing Address**

Enter the complete mailing address of the office where correspondence should be sent. This may differ from the address used to designate the location of the facility or activity. If the Mailing Address and the Facility Location are the same, you can print "same" in this space.

### **Section VI: Facility Contact**

Enter the name, title, address, and work telephone number of a person who is thoroughly familiar with the operation of the facility and with the facts reported in this Property Transfer Form and who can be contacted if necessary.

### **Section VII: Facility Operator**

**A. Name/address.** Enter the name and address, as it is legally referred to, of the person, firm, public organization, or any other entity that operates the facility described in this application. This may or may not be the same name as the facility. The operator of the facility is the legal entity that controls the facility's operation rather than the plant or site manager. Do not use an informal, or colloquial, name. Also, provide a telephone number and address at which the operator can be contacted.

**B. Operator type.** Using the following codes, indicate the code which *best describes* the legal status of the current operator of the facility.

F = Federal	C = County
S = State	M = Municipal*
I = Indian	D = District
P = Private	O = Other

\*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

**C. Change of operator.** If a change in the operator of this facility is being proposed, place an "X" to the left of the box marked "Yes" and enter the date the operator is scheduled to change (this date must be at least 90 days after the request to change operators, refer to WAC 173-303-830(2) or 805(7)(a)(iv)). If no change is scheduled, mark "no."

**D. Operator and owner the same?** If the name listed in this section is also the owner, mark "yes."

### **Section VIII: Owner Information**

**A. Name/address.** Enter the name, address and telephone number of the legal owner(s) of the facility described in this application, including the property owner. This may or may not be the same name as the facility. Use the comment section or additional sheets if necessary to list more than one owner.

**B. Owner type.** Using the codes listed on the form, indicate the code that *best describes* the legal status of the owner of the facility.

F = Federal	C = County
S = State	M = Municipal*
I = Indian	D = District
P = Private	O = Other

\*If the Land Type is *best described* as both Municipal and as Indian, County, or District, please do not mark Municipal. Instead, please use the other appropriate code.

**C. Change of owner.** If a change in the owner of this facility is being proposed, place an "X" in the box marked "Yes" and enter the date the owner is scheduled to change. This date must be at least 90 days after the request to change owner, refer to WAC 173-303-830(2) or 805(7)(a)(iv). If no change is scheduled, mark "no."

### Section IX: NAICS Codes

List, in descending order of significance, the North American Industry Classification Systems (NAICS) codes that best describe your facility in terms of the principal products or services you produce or provide. Enter each 5- or 6- digit NAICS code starting in the left-most box. If you use a 5-digit code, leave the sixth box blank. Also, specify each classification in words. These classifications may differ from the NAICS codes describing the operations generating and/or managing the dangerous wastes.

*Note: the North American Industry Classification System (NAICS) replaces the U.S. Standard Industrial Classification (SIC) system.*

### Section X: Other Environmental Permits

**A. Permit type.** Using the codes listed below, enter a letter on the form for all other environmental permits received or applied for under any of the following programs:

U = Underground Injection Control Code (UIC) program under the Solid Waste Disposal Act (SWDA)  
 N = National Pollutant Discharge Elimination System (NPDES) program under the Clean Water Act (CWA)  
 P = Prevention of Significant Deterioration (PSD) program under the Clean Air Act (CAA)  
 F = EPA 404 Dredge or Fill permits under Section 404 of the Clean Water Act (CWA)

E = Other relevant environmental permits. List any other relevant federal (e.g., permits under the Ocean Dumping Act, permits under the Marine Protection Research and Sanctuaries Act); state (e.g., state permits for new air emission sources in non-attainment areas under Part D of the Clean Air Act (CAA), or state permits under Section 404 of the Clean Water Act (CWA)); or local environmental permits or applications such as substantial development permits under the Shoreline Management Act, building or grading permits, or a sanitary landfill permit, or construction approvals received under any of these programs.

**B. Permit Number.** Enter the number of each presently effective permit issued to the facility for each program. If you filed an application, but have not yet received a permit, give the number of the application. If there are more than seven permits for your facility, you may list additional permit numbers on a separate sheet of paper.

**C. Description.** Use the space provided for information identifying or describing the permits; e.g., City industrial wastewater discharge permit.

### Section XI: Nature of Business

Briefly describe the nature of your business; e.g., products produced or services provided. Also, briefly describe what the facility does that requires a permit and other dangerous waste management activities, such as recycling (these may or may not be your main business activities). Include a brief statement providing the status of corrective action(s) taken under the Dangerous Waste Rules, the Model Toxics Control Act, or federal regulations; for example, *remedial investigation is underway*. Attach additional sheets if necessary.

## **Section XII: Map**

Provide a topographic map or maps of the area extending at least to one (1) mile beyond the property boundaries of the facility that clearly show the following:

1. Legal boundaries of the facility;
2. Location and serial number of each of the existing and proposed intake and discharge structures;
3. All dangerous waste management units. Identify the location of each tank;
4. Location of all dangerous waste management processes (those listed in Sections XII and XIII);
5. Each well where you inject fluids underground; and
6. All springs and surface water bodies in the area, plus all drinking water wells within ¼ mile of the facility that are identified in the public record or otherwise known to you.

If an intake or discharge structure, dangerous waste disposal site, or injection well associated with the facility is located more than one (1) mile from the facility, include it on the map, if possible. If not, attach additional sheets describing the location of the structure, disposal site, or well, and identify the U.S. Geological Survey (or other) map corresponding to the location.

On each map, include the map scale, a meridian arrow showing north, and latitude and longitude at the nearest whole second. On all maps with rivers, show the direction of the currents; and in tidal waters, show the directions of the ebb and flow tides. Use a 7½-minute series map published by the U.S. Geological Survey, which may be obtained through the U.S. Geological Survey Office listed below. If a 7½-minute series map has not been published for your facility site, then you may use a 15-minute series map from the U.S. Geological Survey. If neither a 7½- nor a 15-minute series map has been published for the facility site, use a plat map or other appropriate map, and include all the requested information; in this case, briefly describe land uses in the map area (e.g., residential, commercial).

You may trace your map from a geological survey chart or another map meeting the above specifications. If you do, the map should bear a note referencing the number or title of the source map or chart. Include the names of nearby towns, water bodies, and other prominent points.

You may obtain maps from the following Earth Sciences Information Center (ESIC):

Menlo Park – ESIC  
Room 3128, Building 3, MS 532 U.S.G.S.  
345 Middlefield Road  
Menlo Park, CA 94025

Tel: (415) 329-4390

## **Section XIII: Facility Drawing**

All existing facilities must include a drawing showing the general layout of the facility. This drawing should be approximately to scale and fit on an 8½ x 11 or an 11x17 sheet(s) of paper. This drawing should show the following:

1. Property boundaries of the facility;
2. Areas occupied by all storage, treatment, or disposal operations that are in use. For corrective action, all current and historic SWMUS, ADCs, areas undergoing remediation and/or areas where interim actions are taking place;
3. Name of each operation (example: multiple hearth incinerators drum storage area, etc.);
4. Areas of past storage, treatment, recycling, or disposal operations not already included in #2 above;
5. Areas of future storage, treatment, recycling, or disposal operations; and
6. Approximate dimensions of the property boundaries and all areas as requested in #2 above.

Include other major structures/operations even if not used for dangerous waste management.

Note: New facilities will not have existing storage, treatment, or disposal operations.

## **Section XIV: Photographs**

All existing facilities must include photographs that clearly delineate all existing structures; all existing areas for storing, treating, recycling, or disposing of dangerous waste; and all known sites of future storage, treatment, recycling, or disposal operations. Photographs may be color or black and white, ground-level or aerial. Indicate on each photograph the date it was taken. The date can be placed on the front or back of the photograph as long as it is visible.

## ***Section XV: Legal Description***

Provide a written legal description of the BCA-Auburn Plant, including all property boundaries

## ***Section XVI: Certifications***

All facility owners and operators must sign Section XVIII. State regulations require the certification to be signed as follows:

1. For a corporation, by a principal executive officer of at least the level of vice president;
2. For a partnership or sole proprietorship, by a general partner or the proprietor, respectively; or
3. For a municipality, state, federal, or other public facility, by either a principal executive officer or ranking elected official.

If the facility owner and the operator are different entities, then both must sign for the form to be accepted.

Note: WAC 173-303-950 and WAC 173-303-960, in accordance with RCW 70.105.080, provide severe penalties for submitting false information on this Property Transfer Form.

## ***Section XVI: Comments***

Use this section to provide any comments, such as additional information on new or changed owners or operators beyond that presented in sections VII.C and VIII.C.





WASHINGTON STATE  
DEPARTMENT OF  
E C O L O G Y

## ATTACHMENT 12 Property Transfer Form

Date Received		Reviewed by:		Date:											
Month	Day	Year		Approved by:		Date:									
				Please refer to instructions for completing this form.											
I. This form is submitted to: (place an "X" in the appropriate box)															
<input checked="" type="checkbox"/>		Request modification to a final status permit													
<input type="checkbox"/>		Request a change under interim status													
(Date)															
II. EPA/State ID Number															
W	A														
III. Name of Facility															
IV. Facility Location (Physical address not P.O. Box or Route Number)															
A. Street															
City or Town										State		ZIP Code			
County Code (if known)		County Name													
B. Land Type		C. Geographic Location								D. Facility Existence Date					
		Latitude (degrees, mins, secs)				Longitude (degrees, mins, secs)				Month		Day		Year	
V. Facility Mailing Address															
Street or P.O. Box															
City or Town										State		ZIP Code			
Modified from and unrelated to: ECY 030-31 (12/2005)															
Ecology is an equal opportunity employer.															

<b>VI. Facility contact (Person to be contacted regarding waste activities at facility)</b>												
Name (last)						(first)						
Job Title						Phone Number (area code and number)						
Contact Address												
Street or P.O. Box												
City or Town						State		ZIP Code				
<b>VII. Facility Operator Information</b>												
A. Name						Phone Number (area code and number)						
Street or P.O. Box												
City or Town						State		ZIP Code				
B. Operator Type												
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the scheduled date for the change:						Month		Day		Year		
D. Is the name listed in VII.A. also the owner?										<input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>VIII. Facility Owner Information (List all owners with an interest and/or liability in all or a part of the Facility – attach sheets at needed.)</b>												
A. Name						Phone Number (area code and number)						
Street or P.O. Box												
City or Town						State		ZIP Code				
B. Operator Type												
C. Does the name in VII.A reflect a proposed change in operator?						<input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, provide the scheduled date for the change:						Month		Day		Year		
<b>IX. NAICS Codes (5/6 digit codes)</b>												
A. First						B. Second						
C. Third						D. Fourth						



X. Other Environmental Permits (see instructions)																
A. Permit Type			B. Permit Number												C. Description	

XI. Nature of Business (provide a brief description that includes both dangerous waste and non-dangerous waste areas and activities. Provide this description for each portion of the BCA-Auburn Plant under separate ownership.)

**XII. Map**

Attach to this application a topographic map of the area extending to at least one (1) mile beyond property boundaries. The map must show the outline of the facility; the location of each of its existing and proposed intake and discharge structures; each of its dangerous waste treatment, storage, recycling, or disposal units; and each well where fluids are injected underground. Include all springs, rivers, and other surface water bodies in this map area, plus drinking water wells listed in public records or otherwise known to the applicant within ¼ mile of the facility property boundary. The instructions provide additional information on meeting these requirements. .

**XIII. Facility Drawing**

All existing facilities must include a scale drawing of the facility (refer to Instructions for more detail).

**XIV. Photographs**

All existing facilities must include photographs (aerial or ground-level) that clearly delineate all existing structures; existing storage, treatment, recycling, and disposal areas; and sites of future storage, treatment, recycling, or disposal areas (refer to Instructions for more detail).

**XV. Legal Description****XVI. Certifications**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Operator	Signature	Date Signed
Name and Official Title (type or print)		
Facility/Property Owner	Signature	Date Signed
Name and Official Title (type or print)		

**XVII. Comments**